Canadian Community Health Survey

topics

Cycle 2.1 Report 3

Nova Scotia's Health Care System: Use, Access, and Satisfaction

February 2005

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 133 health regions across the country. Data from the second installment of the CCHS (Cycle 2.1) was collected between January and December 2003 and was released in June 2004.

This report, the third in a series from CCHS Cycle 2.1, examines the use of physicians and other health care providers in Nova Scotia and the quality and satisfaction ratings of the health care delivery sectors. It also takes a look at those who felt they needed care but did not receive it.

Highlights

- Approximately 9% of Nova Scotians, aged 12 and over, reported having stayed overnight in a hospital or nursing/convalescent home in the past 12 months.
- Those in the older age groups, those in the lower income groups and women were more likely to report overnight stays.
- The health care professional most consulted by Nova Scotians is the family physician, followed by dentist/orthodontist, eye specialist, other medical doctor, physiotherapist, and nurse.
- Nearly 85% of Nova Scotians reported having visited a family physician at least once in the past 12 months.
- 38% of Nova Scotians had no contact with a dentist/orthodontist and 62% had no contact with an eye specialist in the past 12 months.
- Nearly 30% of Nova Scotians reported having visited other medical doctors (such as surgeons, allergists, orthopedists, gynaecologists, or psychiatrists) in the past 12 months.
- Approximately 8% of Nova Scotians reported having had a nursing visit in the past 12 months, and the visits most frequently occurred at an outpatient clinic or at home.

NOVA SCOTIA
Health

106-04778/

- Nova Scotians were very satisfied with the health care services they received, including physician care, community-based care, and hospital care.
- Approximately 11% of Nova Scotians reported that there was a time in the past 12 months when they felt they needed health care but didn't receive it.
- Among Nova Scotians who felt they needed care but did not receive it, "physical problem" was the leading health problem for which care was not received, and "wait time too long" was the leading reason why care was not received.
- Those in the middle-age groups, those in the lower income groups, those who self-reported poorer health status, and women were more likely to report not receiving care when they felt they needed it.

Overnight stays

About nine percent (8.8%) of Nova Scotians reported having been an overnight patient in a hospital, nursing home or convalescent home in the past 12 months. This figure is slightly lower than the CCHS 1.1 report (10%). Among these overnight stays, 74% were for seven nights or less, and 86% were for 14 nights or less. A considerable proportion (12.6%) of Nova Scotians reported having been a patient in a hospital, nursing home or convalescent home for over 14 nights (Figure 1).

Women are significantly more likely than men to report overnight stays. Ten percent of women reported having been an overnight patient in the past 12 months compared to seven percent of men. The likelihood of reporting overnight stay also increases with age (Figure 2). Fifteen percent of Nova Scotians in the 65+ age group reported having stayed in a hospital, nursing home or convalescent home in the past 12 months, significantly higher than the 12-24 age group and the 25-64 age group .

FIGURE 1 Number of nights stayed in a hospital, nursing or convalescent home in the past 12 months, Nova Scotia (CCHS 2.1)

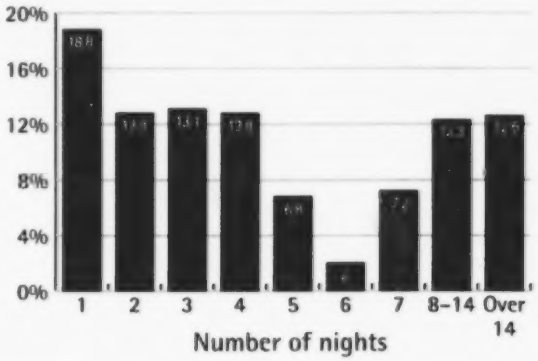
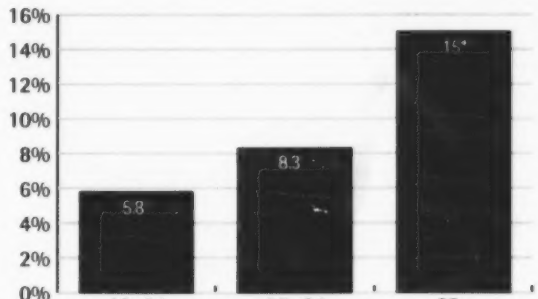


FIGURE 2 Percent of respondents who have stayed in a hospital, nursing or convalescent home in the past 12 months, Nova Scotia (CCHS 2.1)

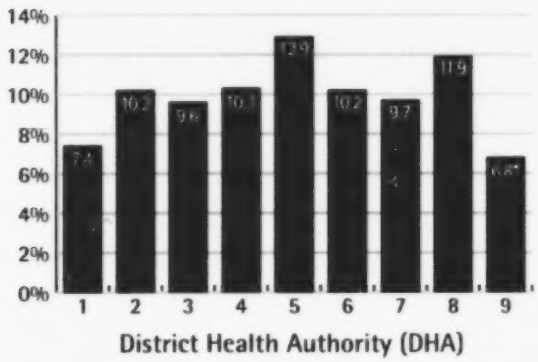


* Significantly higher than 12–24, 25–64 age group.

It is important to note that no distinction was made between these types of facilities in the survey. Since nursing home or convalescent home stays can be long, this may overestimate the length of overnight stays in hospitals.

The percentage of respondents who reported overnight stays varies across DHAs. It ranges from a low of 6.8% in DHA 9 to a high of 12.9% in DHA 5 (Figure 3).

FIGURE 3 Percent of respondents who have stayed overnight in a hospital, nursing or convalescent home in the past 12 months by DHA, Nova Scotia (CCHS 2.1)

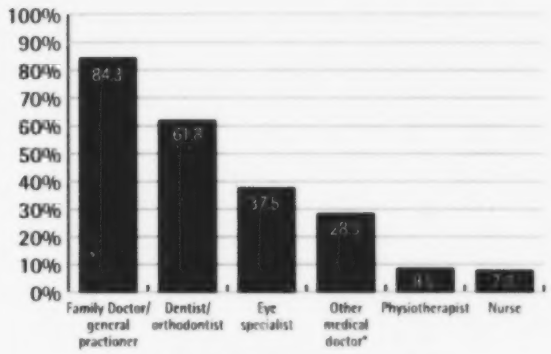


* Significantly different from DHA 8.

Who sees health care professionals?

The most consulted health care professional in Nova Scotia is the family physician. Nearly 85% of Nova Scotians reported having visited a family physician at least once in the past 12 months. Other most consulted health care professionals include dentist/orthodontist (61.8%), eye specialist (37.5%), other medical doctor (28.3%), physiotherapist (8.5%), and nurse (7.8%) (Figure 4).

FIGURE 4 Percent of respondents who had at least one contact with health care professionals, Nova Scotia (CCHS 2.1)



* Such as surgeon, allergist, orthopedist, gynaecologist, or psychiatrist.

Family physician

About sixteen percent (15.7%) of Nova Scotians had no contact with a family physician in the past 12 months, and the rest (84.3%) reported having visited a family physician at least once in the past 12 months (Figure 5). The percentage of Nova Scotians who reported family physician visit is slightly higher than the CCHS 1.1 report (81%). About forty percent of Nova Scotians reported having visited a family physician once or twice, and about twenty percent reported having visited a family physician three or four times. A substantial proportion (11.8%) of Nova Scotians reported having seen a family physician for 10 or more times. Most of these contacts (89.9%) occurred at the doctor's office, and over 5 percent (5.5%) occurred at an outpatient clinic or an appointment clinic.

Women are more likely than men to report family physician visits. About ninety percent of women (89.5%) reported having visited a family physician at least once in the past 12 months, significantly higher than the reported rate of family physician visit among men (78.2%).

106-04778/

- Nova Scotians were very satisfied with the health care services they received, including physician care, community-based care, and hospital care.
- Approximately 11% of Nova Scotians reported that there was a time in the past 12 months when they felt they needed health care but didn't receive it.
- Among Nova Scotians who felt they needed care but did not receive it, "physical problem" was the leading health problem for which care was not received, and "wait time too long" was the leading reason why care was not received.
- Those in the middle-age groups, those in the lower income groups, those who self-reported poorer health status, and women were more likely to report not receiving care when they felt they needed it.

Overnight stays

About nine percent (8.8%) of Nova Scotians reported having been an overnight patient in a hospital, nursing home or convalescent home in the past 12 months. This figure is slightly lower than the CCHS 1.1 report (10%). Among these overnight stays, 74% were for seven nights or less, and 86% were for 14 nights or less. A considerable proportion (12.6%) of Nova Scotians reported having been a patient in a hospital, nursing home or convalescent home for over 14 nights (Figure 1).

Women are significantly more likely than men to report overnight stays. Ten percent of women reported having been an overnight patient in the past 12 months compared to seven percent of men. The likelihood of reporting overnight stay also increases with age (Figure 2). Fifteen percent of Nova Scotians in the 65+ age group reported having stayed in a hospital, nursing home or convalescent home in the past 12 months, significantly higher than the 12-24 age group and the 25-64 age group .

FIGURE 1 Number of nights stayed in a hospital, nursing or convalescent home in the past 12 months, Nova Scotia (CCHS 2.1)

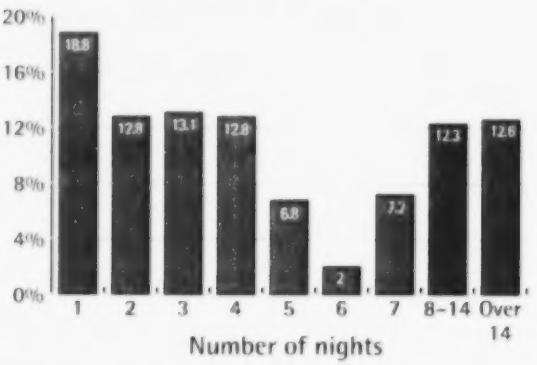
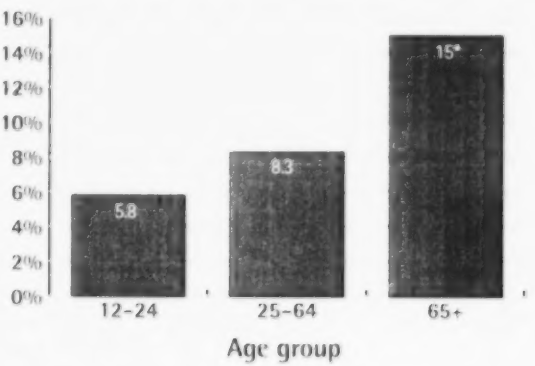


FIGURE 2 Percent of respondents who have stayed in a hospital, nursing or convalescent home in the past 12 months, Nova Scotia (CCHS 2.1)

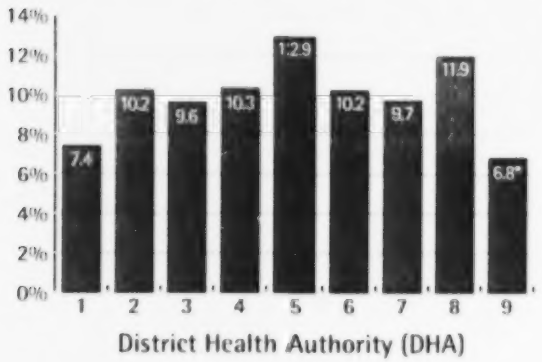


* Significantly higher than 12-24, 25-64 age group.

It is important to note that no distinction was made between these types of facilities in the survey. Since nursing home or convalescent home stays can be long, this may overestimate the length of overnight stays in hospitals.

The percentage of respondents who reported overnight stays varies across DHAs. It ranges from a low of 6.8% in DHA 9 to a high of 12.9% in DHA 5 (Figure 3).

FIGURE 3 Percent of respondents who have stayed overnight in a hospital, nursing or convalescent home in the past 12 months by DHA, Nova Scotia (CCHS 2.1)

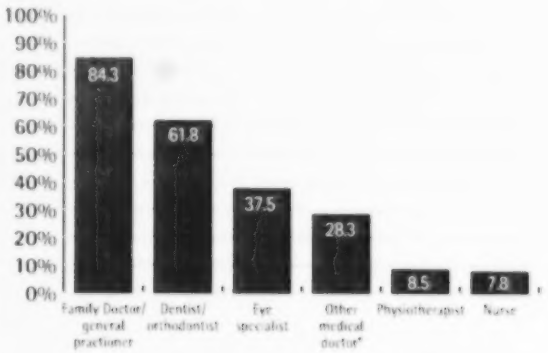


* Significantly different from DHA 8

Who sees health care professionals?

The most consulted health care professional in Nova Scotia is the family physician. Nearly 85% of Nova Scotians reported having visited a family physician at least once in the past 12 months. Other most consulted health care professionals include dentist/orthodontist (61.8%), eye specialist (37.5%), other medical doctor (28.3%), physiotherapist (8.5%), and nurse (7.8%) (Figure 4).

FIGURE 4 Percent of respondents who had at least one contact with health care professionals, Nova Scotia (CCHS 2.1)



* Such as surgeon, allergist, orthopedist, gynaecologist, or psychiatrist.

Family physician

About sixteen percent (15.7%) of Nova Scotians had no contact with a family physician in the past 12 months, and the rest (84.3%) reported having visited a family physician at least once in the past 12 months (Figure 5). The percentage of Nova Scotians who reported family physician visit is slightly higher than the CCHS 1.1 report (81%). About forty percent of Nova Scotians reported having visited a family physician once or twice, and about twenty percent reported having visited a family physician three or four times. A substantial proportion (11.8%) of Nova Scotians reported having seen a family physician for 10 or more times. Most of these contacts (89.9%) occurred at the doctor's office, and over 5 percent (5.5%) occurred at an outpatient clinic or an appointment clinic.

Women are more likely than men to report family physician visits. About ninety percent of women (89.5%) reported having visited a family physician at least once in the past 12 months, significantly higher than the reported rate of family physician visit among men (78.2%).

The likelihood of family physician visits among Nova Scotians increases with age (Figure 6). In the past 12 months, 91.2% of those aged 65 years or older and 88.3% of those aged 45-64 years old reported having visited a family physician, both these age groups were significantly higher than the younger age groups (82.8% for the 25-44 age group, and 74.3% for the 12-24 age group). This may be a reflection of the fact that health declines with age.

FIGURE 5 Number of visits with a family physician in the past 12 months, Nova Scotia (CCHS 2.1)

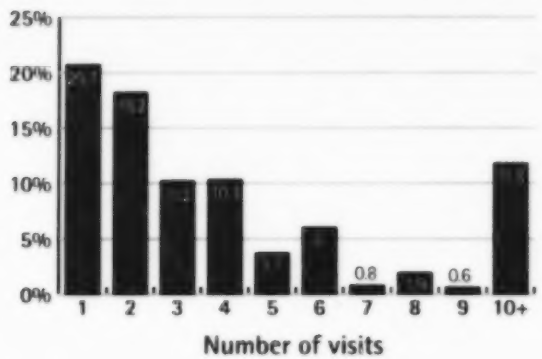
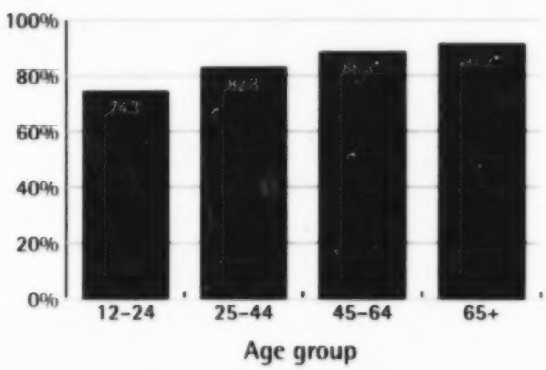


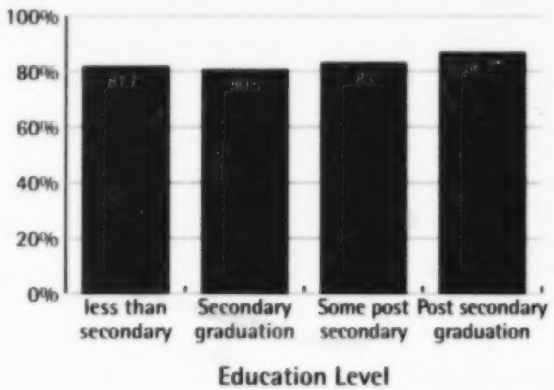
FIGURE 6 Percent of respondents with at least one family physician visit in the past year by age group, Nova Scotia (CCHS 2.1)



* Significantly higher than 12-24 and 25-44 age groups.

Nova Scotians with higher education levels are also more likely to report family physician visit (Figure 7). Among Nova Scotians who have post-secondary education, 86.7% reported having visited a family doctor at least once in the past 12 months, significantly higher than those with less than secondary education (81.7%).

FIGURE 7 Percent of respondents with at least one family physician visit in the past 12 months by education level, Nova Scotia (CCHS 2.1)

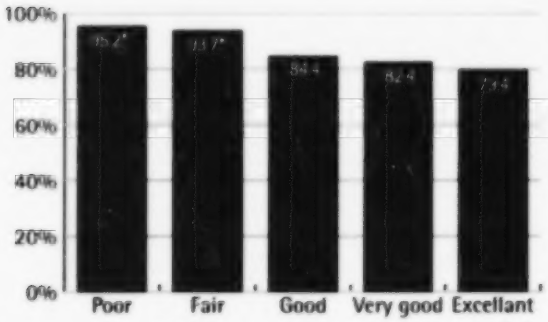


* Significantly higher than "less than secondary".

Nova Scotians with different income levels were equally likely to report physician visit. This is believed to be a reflection of the widely accessible publicly funded health care system in Nova Scotia.

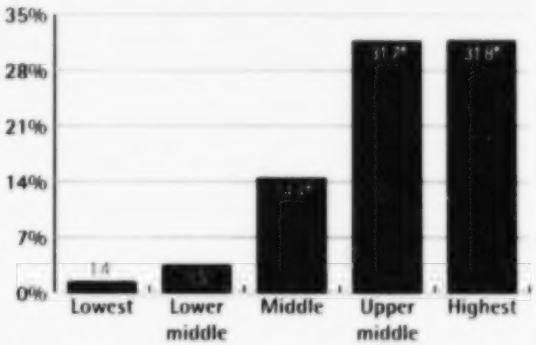
Nova Scotians who reported poorer health status also reported higher levels of physician visit compared to those who reported better health status (Figure 8). Overall, 95.2% of those who rated themselves as having "poor" health and 93.7% of those who rated themselves as having "fair" health also reported having visited a family physician in the past 12 months. Both of these figures are significantly higher than those who rated their health status to be "good" (84.4%), "very good" (82.4%), and "excellent" (79.4%).

FIGURE 8 Percent of respondents with at least one family physician visit in the past 12 months by self-reported health status, Nova Scotia (CCHS 2.1)



* Significantly higher than "good", "very good", and "excellant".

FIGURE 9 Percent of respondents with at least two dental visits in the past 12 months by income level, Nova Scotia (CCHS 2.1)



* Significantly higher than lowest and lower middle.

Dentist/orthodontist

The Canadian Dental Association suggests a regular dental check-up every six months[1]. However, the frequency of dental visit among Nova Scotians is far below this recommended rate. The survey reveals that, in the past 12 months, only 61.8% of Nova Scotians have visited a dentist or orthodontist (increased from 57% in the CCHS 1.1), which suggests that over one third of Nova Scotians did not have a dental check-up in the past year. Only 35.1% of Nova Scotians have visited a dentist or orthodontist twice or more in the past year. Since dental care is not publicly funded, family income is an important determinant of the frequency of dental visit. Significantly larger proportions of those in the higher income quintiles reported having had at least two dental visits in the past year than those in the lower income quintiles (Figure 9).

Eye specialist

Vision and ocular health conditions are not always accompanied by recognizable symptoms, and therefore it is recommended that the minimum frequency of eye examination is every one to two years[2]. However, only 37.5% of Nova Scotians reported having visited an eye specialist (ophthalmologist or optometrist) at least once in the past 12 months (unchanged from CCHS 1.1), suggesting that Nova Scotians are not having their eyes checked as frequently as recommended. This under-utilization of eye specialists in Nova Scotia may be partly due to the fact that not all such visits are publicly funded. Overall, 31.2% of those in the upper-middle income quintile and 21.9% of those in the highest income quintile also reported having contacted an eye specialist in the past year, compared to only 2.2% of those in the lowest income quintile and 6.0% of those in the lower-middle income quintile (Figure 10).

The likelihood of family physician visits among Nova Scotians increases with age (Figure 6). In the past 12 months, 91.2% of those aged 65 years or older and 88.3% of those aged 45-64 years old reported having visited a family physician, both these age groups were significantly higher than the younger age groups (82.8% for the 25-44 age group, and 74.3% for the 12-24 age group). This may be a reflection of the fact that health declines with age.

FIGURE 5 Number of visits with a family physician in the past 12 months, Nova Scotia (CCHS 2.1)

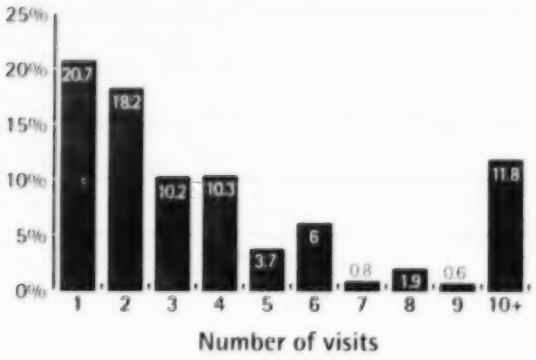
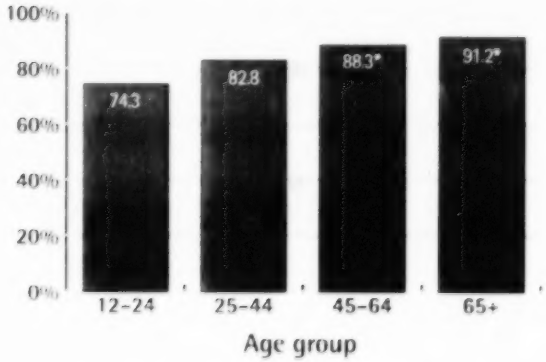


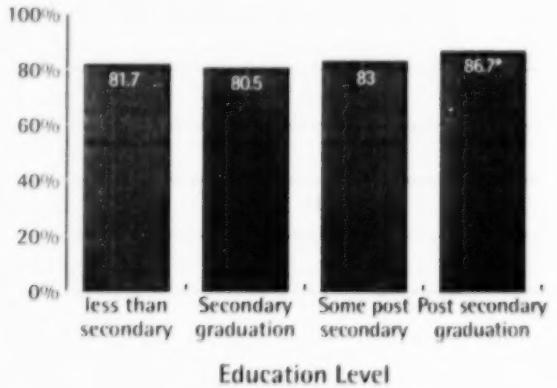
FIGURE 6 Percent of respondents with at least one family physician visit in the past year by age group, Nova Scotia (CCHS 2.1)



* Significantly higher than 12-24 and 25-44 age groups.

Nova Scotians with higher education levels are also more likely to report family physician visit (Figure 7). Among Nova Scotians who have post-secondary education, 86.7% reported having visited a family doctor at least once in the past 12 months, significantly higher than those with less than secondary education (81.7%).

FIGURE 7 Percent of respondents with at least one family physician visit in the past 12 months by education level, Nova Scotia (CCHS 2.1)

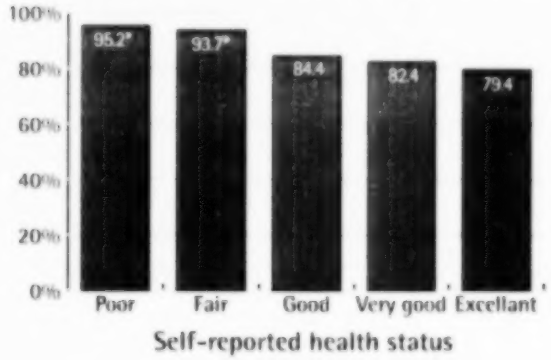


* Significantly higher than "less than secondary".

Nova Scotians with different income levels were equally likely to report physician visit. This is believed to be a reflection of the widely accessible publicly funded health care system in Nova Scotia.

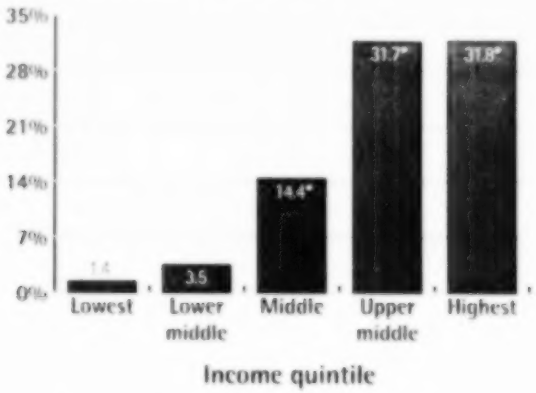
Nova Scotians who reported poorer health status also reported higher levels of physician visit compared to those who reported better health status (Figure 8). Overall, 95.2% of those who rated themselves as having "poor" health and 93.7% of those who rated themselves as having "fair" health also reported having visited a family physician in the past 12 months. Both of these figures are significantly higher than those who rated their health status to be "good" (84.4%), "very good" (82.4%), and "excellent" (79.4%).

FIGURE 8 Percent of respondents with at least one family physician visit in the past 12 months by self-reported health status, Nova Scotia (CCHS 2.1)



* Significantly higher than "good", "very good", and "excellant".

FIGURE 9 Percent of respondents with at least two dental visits in the past 12 months by income level, Nova Scotia (CCHS 2.1)



* Significantly higher than lowest and lower middle.

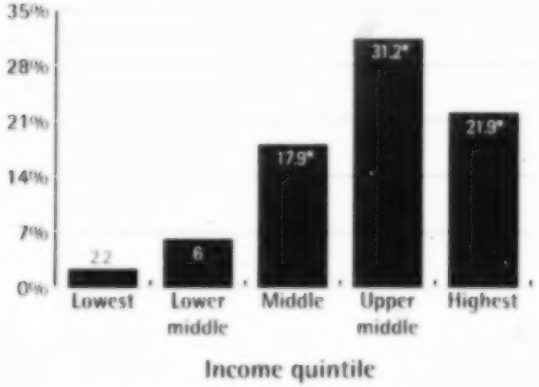
Dentist/orthodontist

The Canadian Dental Association suggests a regular dental check-up every six months[1]. However, the frequency of dental visit among Nova Scotians is far below this recommended rate. The survey reveals that, in the past 12 months, only 61.8% of Nova Scotians have visited a dentist or orthodontist (increased from 57% in the CCHS 1.1), which suggests that over one third of Nova Scotians did not have a dental check-up in the past year. Only 35.1% of Nova Scotians have visited a dentist or orthodontist twice or more in the past year. Since dental care is not publicly funded, family income is an important determinant of the frequency of dental visit. Significantly larger proportions of those in the higher income quintiles reported having had at least two dental visits in the past year than those in the lower income quintiles (Figure 9).

Eye specialist

Vision and ocular health conditions are not always accompanied by recognizable symptoms, and therefore it is recommended that the minimum frequency of eye examination is every one to two years[2]. However, only 37.5% of Nova Scotians reported having visited an eye specialist (ophthalmologist or optometrist) at least once in the past 12 months (unchanged from CCHS 1.1), suggesting that Nova Scotians are not having their eyes checked as frequently as recommended. This under-utilization of eye specialists in Nova Scotia may be partly due to the fact that not all such visits are publicly funded. Overall, 31.2% of those in the upper-middle income quintile and 21.9% of those in the highest income quintile also reported having contacted an eye specialist in the past year, compared to only 2.2% of those in the lowest income quintile and 6.0% of those in the lower-middle income quintile (Figure 10).

FIGURE 10 Percent of respondents with at least one eye specialist visit in the past 12 months by income level, Nova Scotia (CCHS 2.1)



* Significantly higher than lowest and lower middle.

Other medical doctor

Other medical doctors include doctors such as surgeons, allergists, orthopedists, gynaecologists, or psychiatrists. In the past 12 months, 28.3% of Nova Scotians reported having consulted any of these medical doctors about their physical, emotional or mental health. Contacts with these medical doctors most frequently occurred at a doctor's office (54.5%), a hospital outpatient clinic (29.0%), and an appointment clinic (8.6%).

Physiotherapist/Nurse

In the past 12 months, 8.5% of Nova Scotians reported having consulted a physiotherapist and 7.8% reported having consulted a nurse. Contacts with a nurse most frequently occurred at an outpatient clinic (28.7%), a home (17.4%), an emergency room (12.4%), and a doctor's office (8.6%).

Other health care professionals

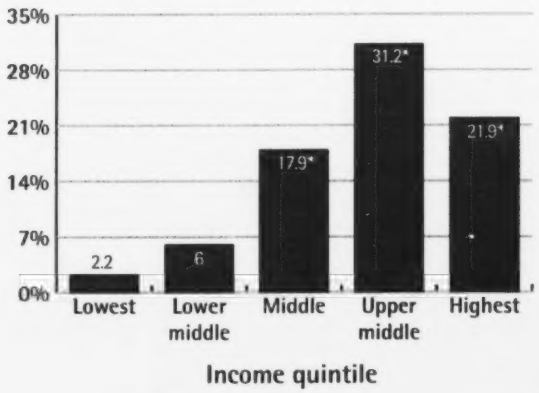
Table 1 shows the use of several other health-care professionals, including alternative health-care providers, chiropractor, social worker/counselor, psychologist, and speech pathologists/audiologist/ occupational therapist.

Table 1 Percentage of Nova Scotians Accessing Other Health-care Professionals (CCHS 2.1)

Health- Care Professional	Estimated Percentage Accessing
Alternative health-care providers*	7.7%
Chiropractor	3.8%
Social worker/counsellor	3.8%
Psychologist	2.7%
Speech/audiologist/ occupational therapist	1.5%

* The category "alternative health-care provider" includes such services/providers as massage therapist, acupuncturist, homeopath or naturopath, Feldenkrais or Alexander teacher, relaxation therapist, biofeedback teacher, rolfer, herbalist, reflexologist, spiritual/religious healer, and others.

FIGURE 10 Percent of respondents with at least one eye specialist visit in the past 12 months by income level, Nova Scotia (CCHS 2.1)



* Significantly higher than lowest and lower middle.

Other medical doctor

Other medical doctors include doctors such as surgeons, allergists, orthopedists, gynaecologists, or psychiatrists. In the past 12 months, 28.3% of Nova Scotians reported having consulted any of these medical doctors about their physical, emotional or mental health. Contacts with these medical doctors most frequently occurred at a doctor's office (54.5%), a hospital outpatient clinic (29.0%), and an appointment clinic (8.6%).

Physiotherapist/Nurse

In the past 12 months, 8.5% of Nova Scotians reported having consulted a physiotherapist and 7.8% reported having consulted a nurse. Contacts with a nurse most frequently occurred at an outpatient clinic (28.7%), a home (17.4%), an emergency room (12.4%), and a doctor's office (8.6%).

Other health care professionals

Table 1 shows the use of several other health-care professionals, including alternative health-care providers, chiropractor, social worker/counselor, psychologist, and speech pathologists/audiologist/ occupational therapist.

Table 1 Percentage of Nova Scotians Accessing Other Health-care Professionals (CCHS 2.1)

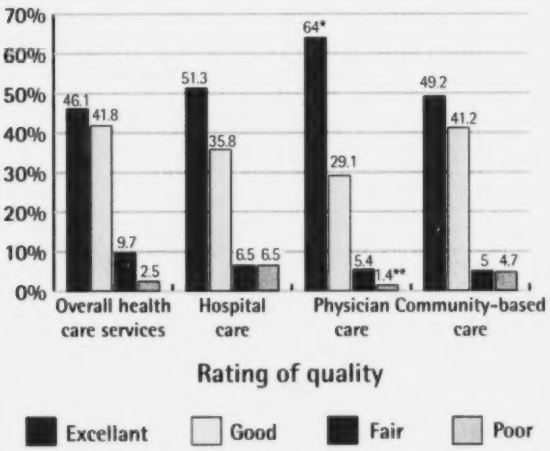
Health- Care Professional	Estimated Percentage Accessing
Alternative health-care providers*	7.7%
Chiropractor	3.8%
Social worker/counsellor	3.8%
Psychologist	2.7%
Speech/audiologist/ occupational therapist	1.5%

* The category "alternative health-care provider" includes such services/providers as massage therapist, acupuncturist, homeopath or naturopath, Feldenkrais or Alexander teacher, relaxation therapist, biofeedback teacher, rolfer, herbalist, reflexologist, spiritual/religious healer, and others.

How is the health care system rated?

Overall, Nova Scotians are very pleased with the quality of the health care they receive. Among those who received care in the past 12 months, 87.9% rated the quality of health care as good or excellent (up from 85% in CCHS 1.1). Among the types of care received, Nova Scotians were most satisfied with physician care (93.1% rated this care as good or excellent), followed by community-based care (90.4% rated this care as good or excellent) and hospital care (87.1% rated this care as good or excellent) (Figure 11).

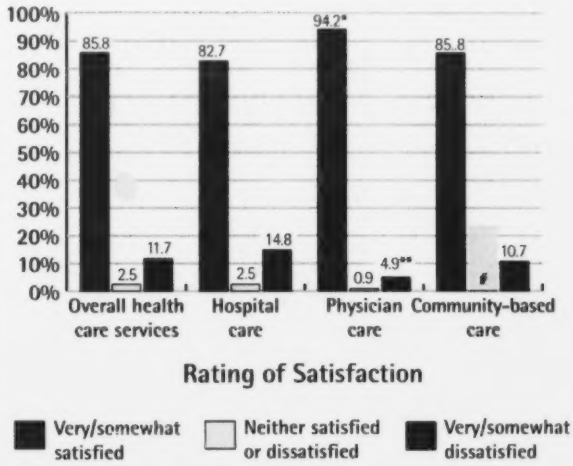
FIGURE 11 Quality ratings of health care services in Nova Scotia (CCHS 2.1)



* Significantly higher than hospital care and community-based care.
** Significantly lower than hosptial care.

Nova Scotians are also very satisfied with the way health care services were provided. Among those who received care in the past 12 months, 85.8% were very satisfied or somewhat satisfied with the way health care services were provided (up slightly from 84% in the CCHS 1.1). The satisfaction level with physician care was again the highest (94.2% were very satisfied or somewhat satisfied) among various types of care received, followed by community-based care (85.8% were very satisfied or somewhat satisfied) and hospital care (82.7% were very satisfied or somewhat satisfied) (Figure 12).

FIGURE 12 Satisfaction with health care services in Nova Scotia (CCHS 2.1)



* Significantly higher than hospital care and community-based care.
** Significantly lower than hosptial care.
\# Estimate could not be reported according to Statistics Canada guidelines (See Appendix 1)

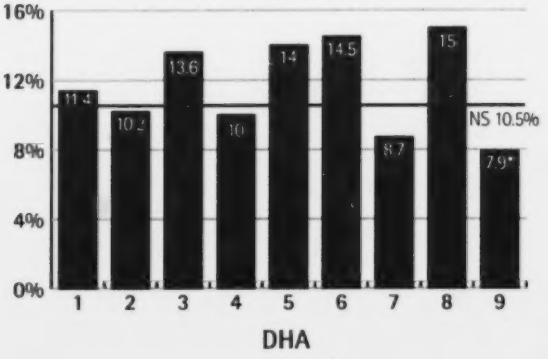
Who is not receiving care?

Overall, about 10.5% of Nova Scotians reported that there was a time in the past 12 months when they felt they needed health care but didn't receive it (compared to 14% in the CCHS 1.1). This rate is slightly lower than the rate for Canada (11.2%), and Manitoba (11.9%), a province of similar population. Among the Atlantic provinces, it is higher than Prince Edward Island (8.5%), but lower than New Brunswick (11.5%) and Newfoundland (11.1%).

Across the DHAs, DHA 9 reported the lowest percentage of those who felt care was needed but not received (7.9%), which was significantly lower than DHA 3 (13.6%), DHA 6 (14.5%), and DHA 8 (15%) (Figure 13).

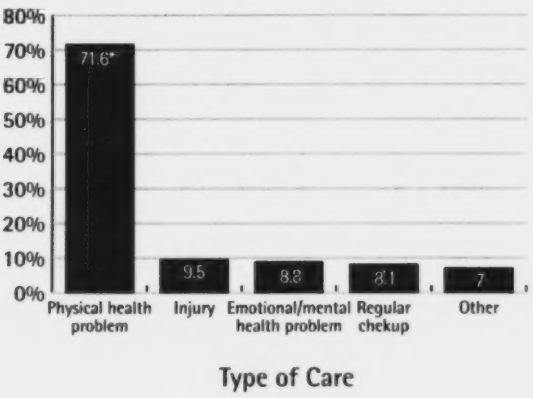
Among those who felt they had an unmet health care need, physical problem was the most commonly reported type of health problem for which care was not received (71.6%). Other reported categories include care of an injury (9.5%), emotional or mental health problem (8.8%), and regular check-up (8.1%) (Figure 14).

FIGURE 13 Percent of respondents who "felt care was needed but not received" by DHA, Nova Scotia (CCHS 2.1)



* Significantly lower than DHA 3, 6, and 8.

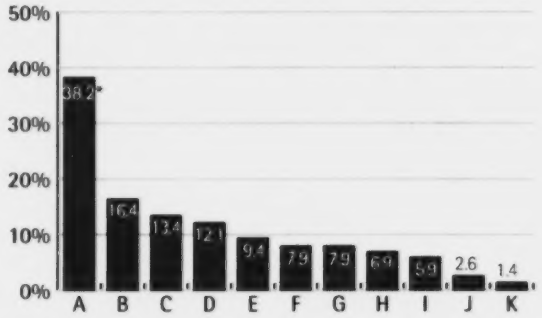
FIGURE 14 Type of care not received among those who felt they had an unmet health care need, Nova Scotia (CCHS 2.1)



* Significantly higher than other types.

The reasons cited for "not receiving care when it was felt needed" can be split into two categories: those related to the health care system and those that are more personal factors. Wait time was the leading system related reason cited. Among Nova Scotians who felt they had an unmet health care need, 38.2% reported that long waiting time was the reason why they did not receive the care they felt they needed. Wait times are an important issue to Nova Scotians. The Department of Health has made this issue a priority and is currently working on ways to address this, as outlined in the document "Your Health Matters: Working Together Toward Better Care."[3] Besides long wait times, other system related reasons include "care not available at time required" (16.4%), "care not available in the area" (7.9%), "doctor didn't think it was necessary" (5.9%). Personal factors cited include "cost too much" (13.4%), "decided not to seek care" (12.1%), "didn't get around to it or didn't bother" (9.4%), "too busy" (7.9%), "felt it would be inadequate" (6.9%), "dislikes or afraid doctors" (2.6%), and "unable to leave the house because of health problem" (1.4%) (Figure 15).

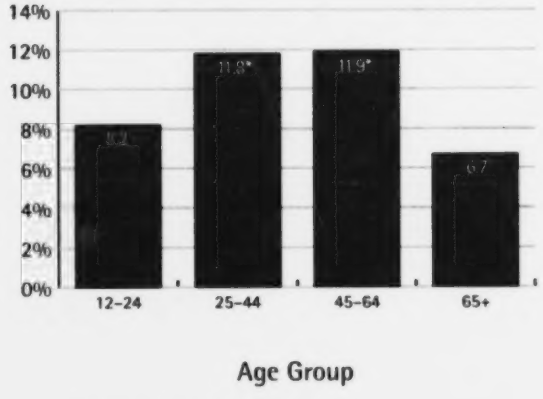
FIGURE 15 Reasons cited for care not received among those who felt they had an unmet health care need, Nova Scotia (CCHS 2.1)



A Waiting time too long (*Significantly higher than other reasons)
B Care not available at time required (e.g., doctor on holidays, inconvenient hours)
C Cost too much
D Decided not to seek care
E Didn't get around to it/didn't bother
F Care not available in the area
G Too busy
H Felt would be inadequate
I Doctor didn't think it necessary
J Dislikes doctors/afraid
K Unable to leave house because of health problem

Women are more likely to report an unmet health care need than men (11.2% versus 9.7%). Middle-aged Nova Scotians are more likely to report an unmet health care need than youth and seniors. A higher proportion (12%) of those in the middle age groups (25-44 years and 45-64 years) reported not receiving care when they felt it was needed compared to those in the 12-24 age group (8.2%) and those in the 65+ age group (6.7%) (Figure 16). This may be a reflection of the fact that middle-aged people are more likely to be busy with their family- and work-related responsibilities and are more likely to have less opportunities to seek health care. Conversely, those in younger or older age groups may have more time to seek care. Moreover, youth may experience less unmet health care need because of parental involvement.

FIGURE 16 Percent of respondents who felt care was needed but not received by age group, Nova Scotia (CCHS 2.1)

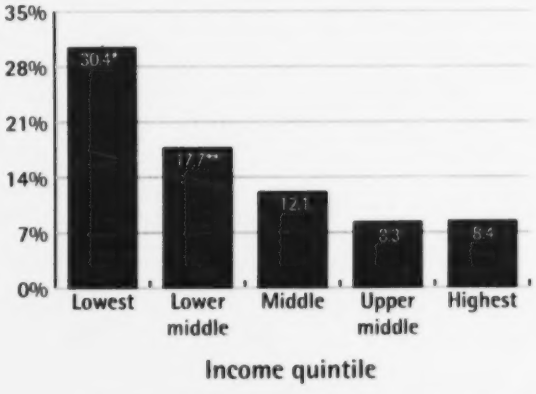


* Significantly higher than 65+ age group.

The likelihood of reporting an unmet health care need decreases with increasing income (Figure 17). Over thirty percent (30.4%) of those in the lowest income quintile and 17.7% in the lower middle income quintile reported not receiving care when they felt it was needed, which was significantly higher than those in the upper middle income quintile (8.3%) and those in the highest income quintile (8.4%).

Nova Scotians with poorer health status are more likely to also report an unmet health care need (Figure 18). Among those who consider their health status to be "poor" or "fair", 27.9% and 18.4% respectively also reported not receiving care when it was felt needed. These rates are both significantly higher than those who consider their health status to be "very good" (8.1%) and "excellent" (5.1%).

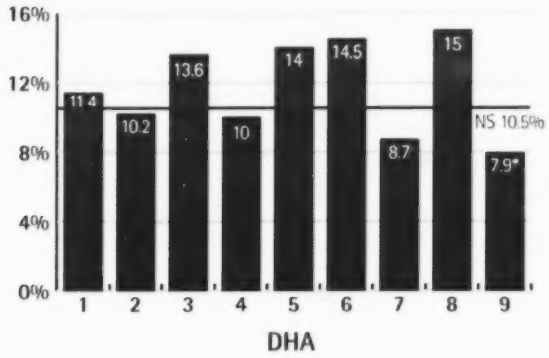
FIGURE 17 Percent of respondents who felt care was needed but not received by income level, Nova Scotia (CCHS 2.1)



* Significantly higher than "middle", "upper middle", and "highest".
** Significantly higher than "upper middle", and "highest".

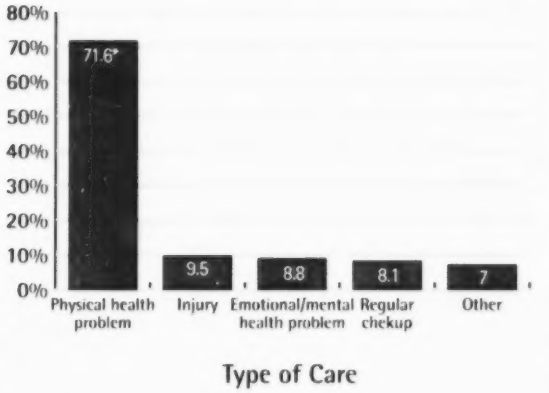
Viewed in light of the previous finding where those with the poorer health status were more likely to report a physician visit, this result may seem contradictory. It may be a reflection that those who seek care more often are also more likely to report not receiving care when they felt they needed it. This result can also be explained, in part, by the finding under income, where people in lower income groups are more likely to also report not receiving care when needed. Unlike physician visit, some types of care, such as dental, nursing, and physiotherapy, are not publicly funded and therefore must be purchased out of pocket when needed. This may provide an explanation that although people with poorer

FIGURE 13 Percent of respondents who "felt care was needed but not received" by DHA, Nova Scotia (CCHS 2.1)



* Significantly lower than DHA 3, 6, and 8.

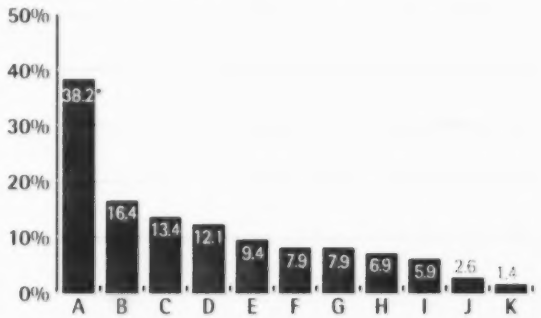
FIGURE 14 Type of care not received among those who felt they had an unmet health care need, Nova Scotia (CCHS 2.1)



* Significantly higher than other types.

The reasons cited for "not receiving care when it was felt needed" can be split into two categories: those related to the health care system and those that are more personal factors. Wait time was the leading system related reason cited. Among Nova Scotians who felt they had an unmet health care need, 38.2% reported that long waiting time was the reason why they did not receive the care they felt they needed. Wait times are an important issue to Nova Scotians. The Department of Health has made this issue a priority and is currently working on ways to address this, as outlined in the document "Your Health Matters: Working Together Toward Better Care."[3] Besides long wait times, other system related reasons include "care not available at time required" (16.4%), "care not available in the area" (7.9%), "doctor didn't think it was necessary" (5.9%). Personal factors cited include "cost too much" (13.4%), "decided not to seek care" (12.1%), "didn't get around to it or didn't bother" (9.4%), "too busy" (7.9%), "felt it would be inadequate" (6.9%), "dislikes or afraid doctors" (2.6%), and "unable to leave the house because of health problem" (1.4%) (Figure 15).

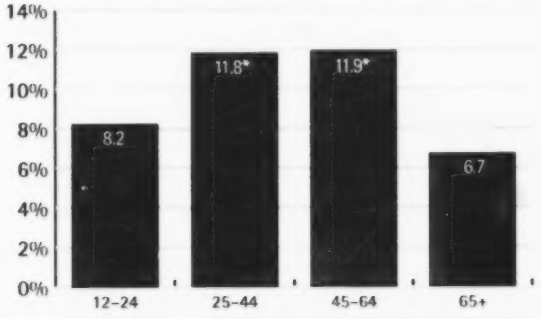
FIGURE 15 Reasons cited for care not received among those who felt they had an unmet health care need, Nova Scotia (CCHS 2.1)



A Waiting time too long (*Significantly higher than other reasons)
B Care not available at time required (e.g., doctor on holidays, inconvenient hours)
C Cost too much
D Decided not to seek care
E Didn't get around to it/didn't bother
F Care not available in the area
G Too busy
H Felt would be inadequate
I Doctor didn't think it necessary
J Dislikes doctors/afraid
K Unable to leave house because of health problem

Women are more likely to report an unmet health care need than men (11.2% versus 9.7%). Middle-aged Nova Scotians are more likely to report an unmet health care need than youth and seniors. A higher proportion (12%) of those in the middle age groups (25-44 years and 45-64 years) reported not receiving care when they felt it was needed compared to those in the 12-24 age group (8.2%) and those in the 65+ age group (6.7%) (Figure 16). This may be a reflection of the fact that middle-aged people are more likely to be busy with their family- and work-related responsibilities and are more likely to have less opportunities to seek health care. Conversely, those in younger or older age groups may have more time to seek care. Moreover, youth may experience less unmet health care need because of parental involvement.

FIGURE 16 Percent of respondents who felt care was needed but not received by age group, Nova Scotia (CCHS 2.1)

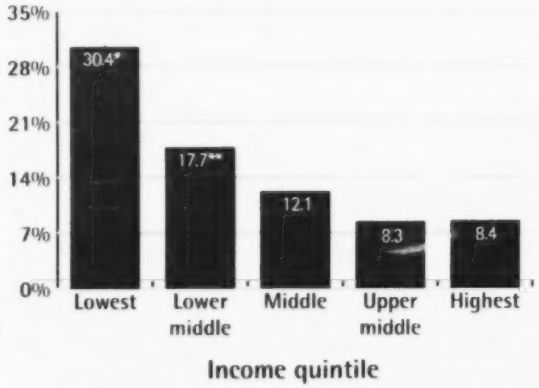


* Significantly higher than 65+ age group.

The likelihood of reporting an unmet health care need decreases with increasing income (Figure 17). Over thirty percent (30.4%) of those in the lowest income quintile and 17.7% in the lower middle income quintile reported not receiving care when they felt it was needed, which was significantly higher than those in the upper middle income quintile (8.3%) and those in the highest income quintile (8.4%).

Nova Scotians with poorer health status are more likely to also report an unmet health care need (Figure 18). Among those who consider their health status to be "poor" or "fair", 27.9% and 18.4% respectively also reported not receiving care when it was felt needed. These rates are both significantly higher than those who consider their health status to be "very good" (8.1%) and "excellent" (5.1%).

FIGURE 17 Percent of respondents who felt care was needed but not received by income level, Nova Scotia (CCHS 2.1)

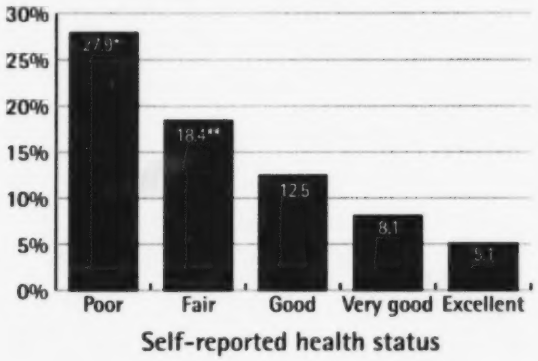


* Significantly higher than "middle", "upper middle", and "highest".
** Significantly higher than "upper middle", and "highest".

Viewed in light of the previous finding where those with the poorer health status were more likely to report a physician visit, this result may seem contradictory. It may be a reflection that those who seek care more often are also more likely to report not receiving care when they felt they needed it. This result can also be explained, in part, by the finding under income, where people in lower income groups are more likely to also report not receiving care when needed. Unlike physician visit, some types of care, such as dental, nursing, and physiotherapy, are not publicly funded and therefore must be purchased out of pocket when needed. This may provide an explanation that although people with poorer

health status are more likely to visit physicians, they are also more likely not to receive certain types of care that are not publicly funded, especially for those with lower incomes.

FIGURE 18 Percent of respondents who felt care was needed but not received by self-reported health status, Nova Scotia (CCHS 2.1)



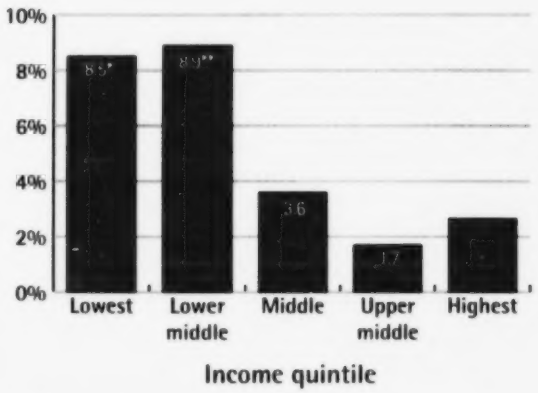
* Significantly higher than "good", "very good", and "excellent".
** Significantly higher than "very good" and "excellent".

Home Care

Among Nova Scotians aged 18 years or older, about 3% reported having received any home care services in the past 12 months, with the cost being entirely or partially covered by government. Significantly more women than men reported having received government-covered home care services (3.7% versus 2.1%). Among those aged 65 years or older, 11.1% reported having received government-covered home care, which was significantly higher than the 18-64 age group (1.3%).

Nova Scotians in lower income groups were significantly more likely to report receiving government-covered home care services, compared to those in higher income groups (Figure 19). About 9% of those from the lowest income group and another 9% from the lower middle income group reported receiving home care services, while only 4% from the middle income group and 2% from the upper middle income group reported receiving home care services (estimate could not be reported for the highest income group according to Statistics Canada guidelines).

FIGURE 19 Percent of respondents who have received government-covered home care services in the past 12 months by income quintile, Nova Scotia (CCHS 2.1)



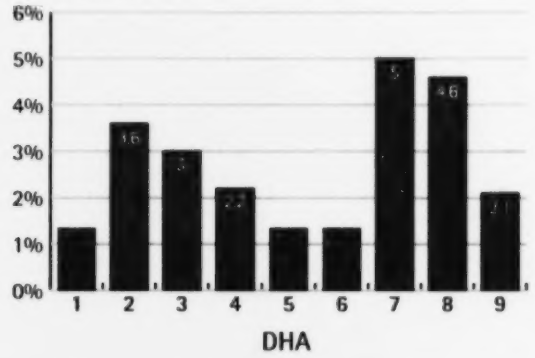
* Significantly higher than upper middle.
** Significantly higher than middle and upper middle.
\# Estimate could not be reported according to Statistics Canada guidelines (See Appendix 1)

Note: This question was asked of Nova Scotians aged 18 years or older.

The rate of respondents who reported having received government-covered home care services in the past 12 months varied across DHAs. DHA 7 reported the highest rate at 5.0%, followed by DHA 8 at 4.6%. DHA 9 reported the lowest rate at 2.1% (Figure 20).

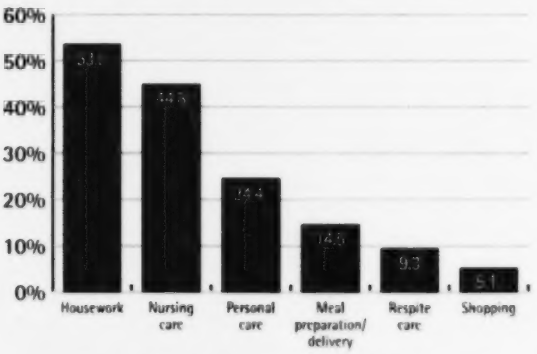
Among the types of home care services received, housework was the most reported type (53.5%), followed by nursing care (44.8%), personal care (24.4%), and meal preparation or delivery (14.5%). Only 9.3% reported receiving respite care and 5.1% reported receiving shopping services (Figure 21).

FIGURE 20 Percent of respondents who have received government-covered home care services in the past 12 months by DHA, Nova Scotia (CCHS 2.1)



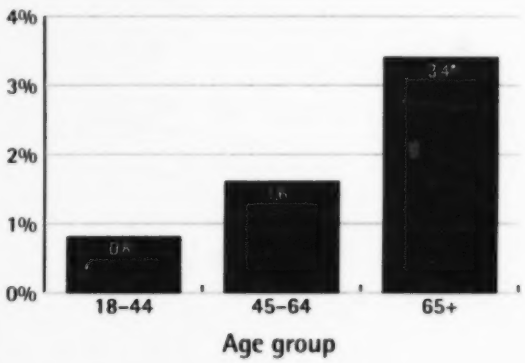
Estimates could not be reported according to Statistics Canada guidelines (See Appendix 1).

FIGURE 21 Type of home care services received, Nova Scotia (CCHS 2.1)



Among Nova Scotians aged 18 years or older, 1.5% reported that there was a time in the past 12 months that they felt they needed home care services but did not receive them. Significantly more women than men reported having experienced unmet home care needs (2.1% versus 0.8%). The likelihood of reporting unmet home care needs also increases with age (3.4% for the 65+ age group, 1.6% for the 45-64 age group, and 0.8% for the 18-44 age group) (Figure 22).

FIGURE 22 Percent of respondents who felt they needed home care services but did not receive them by age group, Nova Scotia (CCHS 2.1)



* Significantly higher than 18–44 age group.

Self-perceived unmet home care needs were significantly more prevalent among people with lower incomes. Among Nova Scotians in the lowest/lower-middle income group, 4.2% reported unmet home care needs. This rate was significantly higher than the highest/upper-middle income group (0.7%) (Figure 23).

health status are more likely to visit physicians, they are also more likely not to receive certain types of care that are not publicly funded, especially for those with lower incomes.

FIGURE 18 Percent of respondents who felt care was needed but not received by self-reported health status, Nova Scotia (CCHS 2.1)

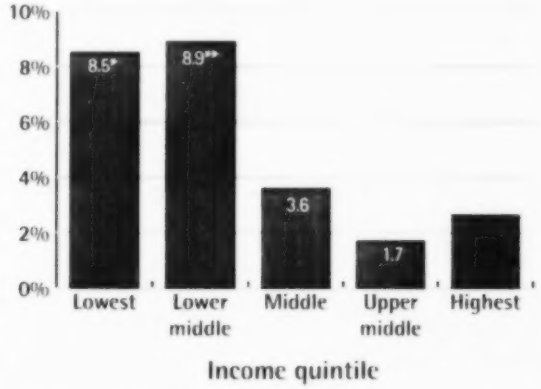
* Significantly higher than "good", "very good", and "excellent".
** Significantly higher than "very good" and "excellent".

Home Care

Among Nova Scotians aged 18 years or older, about 3% reported having received any home care services in the past 12 months, with the cost being entirely or partially covered by government. Significantly more women than men reported having received government-covered home care services (3.7% versus 2.1%). Among those aged 65 years or older, 11.1% reported having received government-covered home care, which was significantly higher than the 18-64 age group (1.3%).

Nova Scotians in lower income groups were significantly more likely to report receiving government-covered home care services, compared to those in higher income groups (Figure 19). About 9% of those from the lowest income group and another 9% from the lower middle income group reported receiving home care services, while only 4% from the middle income group and 2% from the upper middle income group reported receiving home care services (estimate could not be reported for the highest income group according to Statistics Canada guidelines).

FIGURE 19 Percent of respondents who have received government-covered home care services in the past 12 months by income quintile, Nova Scotia (CCHS 2.1)



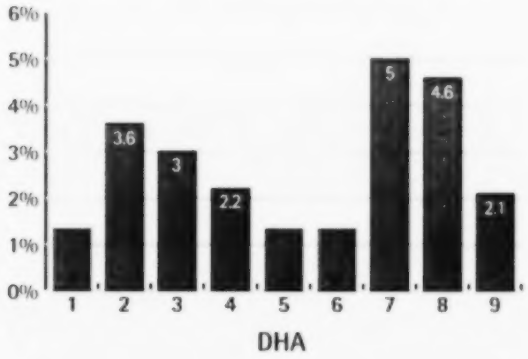
* Significantly higher than upper middle.
** Significantly higher than middle and upper middle.
\# Estimate could not be reported according to Statistics Canada guidelines (See Appendix 1)

Note: This question was asked of Nova Scotians aged 18 years or older.

The rate of respondents who reported having received government-covered home care services in the past 12 months varied across DHAs. DHA 7 reported the highest rate at 5.0%, followed by DHA 8 at 4.6%. DHA 9 reported the lowest rate at 2.1% (Figure 20).

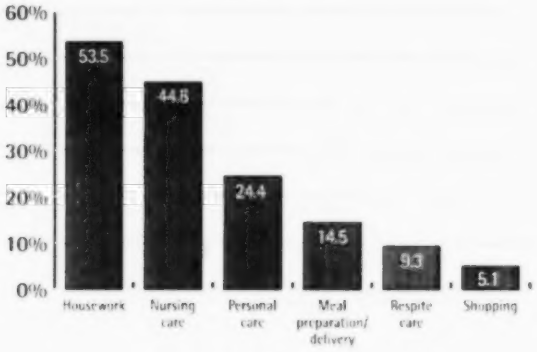
Among the types of home care services received, housework was the most reported type (53.5%), followed by nursing care (44.8%), personal care (24.4%), and meal preparation or delivery (14.5%). Only 9.3% reported receiving respite care and 5.1% reported receiving shopping services (Figure 21).

FIGURE 20 Percent of respondents who have received government-covered home care services in the past 12 months by DHA, Nova Scotia (CCHS 2.1)



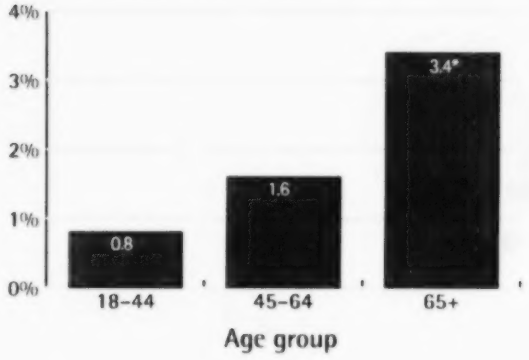
Estimates could not be reported according to Statistics Canada guidelines (See Appendix 1).

FIGURE 21 Type of home care services received, Nova Scotia (CCHS 2.1)



Among Nova Scotians aged 18 years or older, 1.5% reported that there was a time in the past 12 months that they felt they needed home care services but did not receive them. Significantly more women than men reported having experienced unmet home care needs (2.1% versus 0.8%). The likelihood of reporting unmet home care needs also increases with age (3.4% for the 65+ age group, 1.6% for the 45-64 age group, and 0.8% for the 18-44 age group) (Figure 22).

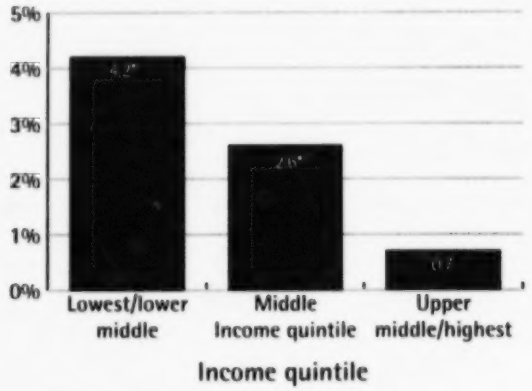
FIGURE 22 Percent of respondents who felt they needed home care services but did not receive them by age group, Nova Scotia (CCHS 2.1)



* Significantly higher than 18–44 age group.

Self-perceived unmet home care needs were significantly more prevalent among people with lower incomes. Among Nova Scotians in the lowest/lower-middle income group, 4.2% reported unmet home care needs. This rate was significantly higher than the highest/upper-middle income group (0.7%) (Figure 23).

FIGURE 23 Percent of respondents who reported self-perceived unmet home care needs by income quintile, Nova Scotia (CCHS 2.1)



* Significantly higher than upper middle/highest.

Additional Resources

This document was prepared by the Information Analysis and Reporting, Information Management Branch of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at (902) 424-8291.

Copies of this report are available on line at <http://www.gov.ns.ca/health/reports.htm>. Click on "Canadian Community Health Survey (CCHS)" for copies of this and other reports in the series.

References

1. Your oral health – Visiting the dentist: The Check-up. Canadian Dental Association. Retrieved December 31, 2004 from: http://www.cda-adc.ca/english/your_oral_health/visiting_dentist/checkup.asp

2. Exam frequency – Regular Eye Examinations. The Canadian Association of Optometrists. Retrieved December 31, 2004 from: http://www.opto.ca/en/public/04_eye_info/04_01_exam_frequency.asp

3. "Your Health Matters: Working Together Toward Better Care." Nova Scotia Department of Health, 2003. http://www.gov.ns.ca/health/downloads/your_health_matters.pdf

Appendix I

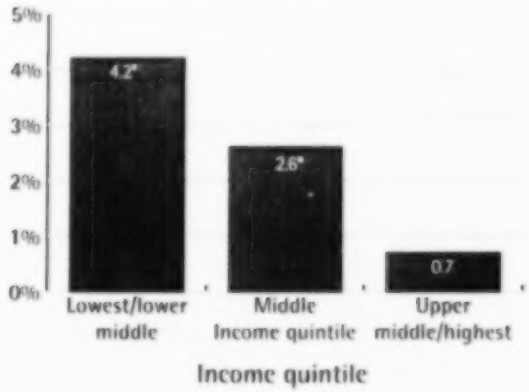
Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation.

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CV's and CI's were used to decide if a point estimate could be reported.

Data with a coefficient of variation (CV) from 16.6% to 33.3% should be interpreted with caution.

Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.

FIGURE 23 Percent of respondents who reported self-perceived unmet home care needs by income quintile, Nova Scotia (CCHS 2.1)



* Significantly higher than upper middle/highest.

Additional Resources

This document was prepared by the Information Analysis and Reporting, Information Management Branch of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at (902) 424-8291.

Copies of this report are available on line at <http://www.gov.ns.ca/health/reports.htm>. Click on "Canadian Community Health Survey (CCHS)" for copies of this and other reports in the series.

References

1. Your oral health – Visiting the dentist: The Check-up. Canadian Dental Association. Retrieved December 31, 2004 from: http://www.cda-adc.ca/english/your_oral_health/visiting_dentist/checkup.asp

2. Exam frequency – Regular Eye Examinations. The Canadian Association of Optometrists. Retrieved December 31, 2004 from: http://www.opto.ca/en/public/04_eye_info/04_01_exam_frequency.asp

3. "Your Health Matters: Working Together Toward Better Care." Nova Scotia Department of Health, 2003. http://www.gov.ns.ca/health/downloads/your_health_matters.pdf

Appendix I

Statistics Canada Guidelines For Reporting of Estimates Based on Coefficient of Variation.

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CV's and CI's were used to decide if a point estimate could be reported.

Data with a coefficient of variation (CV) from 16.6% to 33.3% should be interpreted with caution.

Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.